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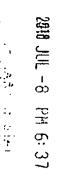
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COVER LETTER

Brooksville Mini Storage Warehouse, LLC SUBJECT: Name of Limited Liability Company L08000012123 DOCUMENT NUMBER:___ The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan James Damonte Name of Person Jonathan James Damonte, Chartered Name of Firm/Company 12110 Seminole Boulevard Address Largo, FL 33778 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan James Damonte Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	5. Florida Statutes, the unde	ersigned.		
Jonathan James Damonte. Chartered			, hereby resigns as		
	Name of Registered Ager	nt			
Registered Agent for	Brooksville Mini Stora	ge Warehouse, LLC			
. .	Name of Lim	ited Liability Company		,	,
L08000012123					
Document N	umber, if known				
A copy of this resignati	on was mailed to the a	above listed limited liability	company at its last known a	nddress.	
The agency is terminate	ed and the office disco	ntinued on the 31st day after	er the date on which this stat	ement is	filed.
	Joseph Jan	Signature of Resigning Agent			
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
	Jonathan James	Damonte			
	ï	yped or Printed Name			
	President of Jon	athan James Damonte, Ch	artered	دے	
		Capacity		C D	
	FILING \$ 85.00 \$ 25.00	Active limited liability of	ved/ voluntarily dissolved/, .	1918 JUL -8 PM 6:	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314